

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 SHIRLINGTON ROAD, SUITE 930

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325076

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer

Dorie Velezis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: MM / DD / YYYY 02 / 01 / 2014 To: MM / DD / YYYY 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYY</span> 2014		776204.10
(b) Cash on Hand at Beginning of Reporting Period.....	736449.27	
(c) Total Receipts (from Line 19) .....	35893.42	38853.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	772342.69	815057.10
7. Total Disbursements (from Line 31) .....	33426.25	76140.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	738916.44	738916.44
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6610.05	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 / 01 / 2014

To:

M M / D D / Y Y Y Y  
02 / 28 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15550.00

15850.00

(ii) Unitemized .....

20329.95

22987.82

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

35879.95

38837.82

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

35879.95

38837.82

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

13.47

15.18

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

35893.42

38853.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

35893.42

38853.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	33426.25	68630.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	33426.25	68630.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	10.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33426.25	76140.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33426.25	76140.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35879.95	38837.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35879.95	38827.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	33426.25	68630.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	33426.25	68630.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

## **A. ART BECKWITH**

Mailing Address P.O. BOX 1029

City  
PROGRESO

State Zip Code  
TX 78579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.10006

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. MR JAMES S ENGLUND**

Mailing Address 6004 WOODGLEN CT

City  
MOBILE

State Zip Code  
AL 36609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.9555

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. MR FRANK D FREUDENTHAL**

Mailing Address 4202 CASTLEGATE COURT

City  
ST JOSEPH

State Zip Code  
MO 64505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FROM ALTEC INDUSTRIES INC

Occupation

RETIRED- NOW DO SOME CONSULTING

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.9555

0014348-0000169

Form/Schedule: SA11AI

Transaction ID: SA11AI.9744

0098609-0000316

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. MIA FREYMILLER**

Mailing Address 38 S BLUE ANGEL PKWY #176

City State Zip Code  
PENSACOLA FL 32506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

STUDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

Transaction ID : SA11AI.9502

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR BRUCE T HENDERSON MD**

Mailing Address 3730 BURNING TREE DR

City State Zip Code  
BLOOMFIELD MI 48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ORTHOPOD

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2014

Transaction ID : SA11AI.9627

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM T HENRY SR**

Mailing Address 61 SOLOGNE CIR

City State Zip Code  
LITTLE ROCK AR 72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGY CONSULTANTS

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2014

Transaction ID : SA11AI.9777

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.9502

0111306-0000123

Form/Schedule: SA11AI

Transaction ID: SA11AI.9627

0005155-0000225

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9777  
0007401-0000342

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

## **A. JOCELYN MANULLANG**

Mailing Address 8303 121ST AVE SE

City  
NEWCASTLE

State Zip Code  
WA 98056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER/HOMESCHOOLING PARENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11AI.9992

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. MRS CHARLEEN M MCBRAYER**

Mailing Address 5098 POST OAK TRITT RD NE

City  
ROSWELL

State Zip Code  
GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CCCI

Occupation

BUSINESS OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2014

Transaction ID : SA11AI.9464

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. MS RUTH A MERILLAT**

Mailing Address 860 RICHLYN DR

City  
ADRIAN

State Zip Code  
MI 49221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MERILLAT FOUNDATIN - LENAWEE CHRIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.9636

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.9992

0107670-0000521

Form/Schedule: SA11AI

Transaction ID: SA11AI.9464

0099800-0000091

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9636  
0097348-0000232

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. DR DAVID MORRISON**

Mailing Address 1802 CROOM DR

City

MONTGOMERY

State

AL

Zip Code

36106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.9546

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MYRA SCHLIESING**

Mailing Address 1765 EVANGELINE LN

City

ANCHORAGE

State

AK

Zip Code

99517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11AI.10005

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MICHAEL SCHNEIDER**

Mailing Address PO BOX 871209

City

STONE MOUNTAIN

State

GA

Zip Code

30087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN ANESTHESIOLOGY OF GEORGIA

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2014

Transaction ID : SA11AI.9467

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9546  
0003940-0000157

Form/Schedule: SA11AI  
Transaction ID: SA11AI.10005  
0107786-0000532

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9467  
0105199-0000095

Form/Schedule:  
Transaction ID:



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 35  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. RICHARD SEABERG

Mailing Address 1424 VIA ZUMAYA

City	State	Zip Code
PALOS VERDES ESTATES	CA	90274

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.9902

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS SYLVIA SLIFKO

Mailing Address 9143 COAL BANK RD

City	State	Zip Code
MARSHALLVILLE	OH	44645

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.9598

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS DIANE R SPRADLIN

Mailing Address 5636 ENCORE DR

City	State	Zip Code
DALLAS	TX	75240

FEC ID number of contributing federal political committee.

C

Name of Employer

MYSELF

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.9802

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9902  
0108068-0000442

Form/Schedule: SA11AI  
Transaction ID: SA11AI.9598  
0097722-0000202

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.9802

0103857-0000361

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. MRS JAMES R STADLER**

Mailing Address 314 WALNUT DR

City  
NASHVILLE

State Zip Code  
TN 37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

02 / 24 / 2014

Transaction ID : SA11AI.9564

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR FRED T STIMPSON**

Mailing Address 15 HILLWOOD RD

City  
MOBILE

State Zip Code  
AL 36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCOTCH GULF LUMBER

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.9554

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR ARTHUR P WEIDNER**

Mailing Address 4546 SUNSET BLVD

City  
WEST FARGO

State Zip Code  
ND 58078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL ELECTRIC

Occupation

ENGINEER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

Transaction ID : SA11AI.9702

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2850.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9564  
0019059-0000177

Form/Schedule: SA11AI  
Transaction ID: SA11AI.9554  
0101392-0000167

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9702  
0102142-0000285

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. FRED WHITMIRE JR**

Mailing Address 1202 PETER PAN RD

City State Zip Code  
LOOKOUT MOUNTAIN GA 30750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : SA11AI.9488**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR TIM WINN**

Mailing Address 3325 CAMINO VALLAREAL

City State Zip Code  
ESCONDIDO CA 92029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

TRUSTEE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2014

**Transaction ID : SA11AI.9919**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

15550.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.9488  
0110826-0000113

Form/Schedule: SA11AI  
Transaction ID: SA11AI.9919  
0103506-0000458



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. 1st VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030
Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 04 2014
**Transaction ID : SB21B.10018**

Amount of Each Disbursement this Period

113.55

Full Name (Last, First, Middle Initial)

**B. GARY BAUER**

Mailing Address 2800 S SHIRLINGTON RD #930

City State Zip Code  
ARLINGTON VA 22206
Purpose of Disbursement  
PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 26 2014
**Transaction ID : SB21B.10038**

Amount of Each Disbursement this Period

13750.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2800 S Quincy St.

City State Zip Code  
Arlington VA 22206
Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 01 2014
**Transaction ID : SB21B.10021**

Amount of Each Disbursement this Period

93.78

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13957.33

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CAMPAIGN FOR WORKING FAMILIES



134.83

### B. BB&T

MM / DD / YYYY

Transaction ID : SB21B.10015

Amount of Each Disbursement this Period

Category/  
Type

State:  District:

Date of Disbursement

### C. CASTLE STRATEGIES

Transaction ID : SB21B.10023

Amount of Each Disbursement this Period

Category/  
Type

State:  District:

2637.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 35

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. CHOI COMPANIES**

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA      State VA      Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      19      2014
**Transaction ID : SB21B.10039**

Amount of Each Disbursement this Period

3035.03

Full Name (Last, First, Middle Initial)

**B. CHOI COMPANIES**

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA      State VA      Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      26      2014
**Transaction ID : SB21B.10035**

Amount of Each Disbursement this Period

3035.03

Full Name (Last, First, Middle Initial)

**C. COMCAST**

Mailing Address P.O. BOX 3005

City SOUTHEASTERN      State PA      Zip Code 19398

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      26      2014
**Transaction ID : SB21B.10036**

Amount of Each Disbursement this Period

251.79

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6321.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. CT CORPORATION**

Mailing Address 1015 15TH STREET NW#1000

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
REGISTERED AGENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10024**

Amount of Each Disbursement this Period

395.00
--------

Full Name (Last, First, Middle Initial)

**B. HELLER INFORMATION SERVICES**

Mailing Address 30 W GUDE DR, #220

City	State	Zip Code
ROCKVILLE	MD	20850

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10028**

Amount of Each Disbursement this Period

211.50
--------

Full Name (Last, First, Middle Initial)

**C. IRON MOUNTAIN**

Mailing Address P.O. BOX 27128

City	State	Zip Code
NEW YORK	NY	10087

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10029**

Amount of Each Disbursement this Period

322.54
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

929.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. LEXIS NEXIS**

Mailing Address P.O. BOX 7247-7090

City  
PHILADELPHIAState  
PAZip Code  
19170Purpose of Disbursement  
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      18      2014
**Transaction ID : SB21B.10030**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      18      2014
**Transaction ID : SB21B.10041**

Amount of Each Disbursement this Period

631.51

Full Name (Last, First, Middle Initial)

**C. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      18      2014
**Transaction ID : SB21B.10043**

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1041.51



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address P.O. BOX 17577

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10031**

Amount of Each Disbursement this Period

410.97
--------

Full Name (Last, First, Middle Initial)

**B. DEAN VIRAG**

Mailing Address 14511 RILLHURST DR

City	State	Zip Code
CULPEPER	VA	22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

**Transaction ID : SB21B.10022**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement  
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10044**

Amount of Each Disbursement this Period

702.12
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1613.09
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. WEST**

Mailing Address P.O. Box 6292

City  
CAROL STREAMState  
ILZip Code  
60197Purpose of Disbursement  
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2014

**Transaction ID : SB21B.10033**

Amount of Each Disbursement this Period

274.54
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

274.54
--------

33300.19
----------



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 35

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMERICA DIRECT**

Nature of Debt (Purpose):

**PAC DIRECT MAIL PRODUCTION**

Mailing Address 1272 CORPORATE PARK DR

City State

Zip Code

FOREST

VA

24511

Outstanding Balance Beginning This Period

2955.31

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DIRECTECH**

Nature of Debt (Purpose):

**CAGING AND DATA PROCESSING  
SERVICES**

Mailing Address 8595 GROVEMONT CIRCLE

City State

Zip Code

GAITHERSBURG

MD

20877

Outstanding Balance Beginning This Period

223.11

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC - DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031

Outstanding Balance Beginning This Period

631.51

Transaction ID : SD10.9332

Amount Incurred This Period

0.00

Payment This Period

631.51

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3178.42

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 35

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC - DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.10042**

Amount Incurred This Period

60.00

Payment This Period

60.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.10045**

Amount Incurred This Period

25.00

Payment This Period

25.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.10048**

Amount Incurred This Period

508.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

508.35

1) **SUBTOTALS** This Period This Page (optional)..... ►

508.35

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 35

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MWM DIRECT MARKETING SERVICES**

Nature of Debt (Purpose):

PAC DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State

Zip Code

ELKRIDGE

MD

21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID : SD10.4361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WASHINGTON INTELLIGENCE BUREAU**

Nature of Debt (Purpose):

PAC - CAGING AND DATA ENTRY  
SERVICES

Mailing Address 4128 PEPSI PLACE

City State

Zip Code

CHANTILLY

VA

20151

Outstanding Balance Beginning This Period

702.12

Transaction ID : SD10.9334

Amount Incurred This Period

0.00

Payment This Period

702.12

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WASHINGTON INTELLIGENCE BUREAU**

Nature of Debt (Purpose):

PAC CAGING AND DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State Zip Code

VA

20151

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10047

Amount Incurred This Period

602.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

602.38

1) **SUBTOTALS** This Period This Page (optional)..... ►

2923.28

2) **TOTALS** This Period (last page this line number only)..... ►

6610.05

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6610.05